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LEADING ARTICLES

A CASE OF DOUBLE MONSTROSITY (THORACOPAGUS-TERAS ANACATADIDYMUM).*

J. F. MENESTRINA, M. D.

ST. LOUIS.

I owe an apology to the society for withholding publication on my case of double monstrosity; but I have been since then at work collecting reports to medical societies, medical journals, monographs, reports and data from museums from all parts of the world. Most of these reports were in a foreign language and had to be translated. The abundance of properly classified records astonished my investigation; and when I applied for permission to inspect the works treating on the subject in the Surgeon-General's Library, Washington, I found to my surprise that the literature written on one case alone, that of the most interesting Siamese Twins, was so voluminous as to fill an entire room there. I then realized the magnitude of the task before me, and inasmuch as I am requested to limit the reading of my paper to twenty minutes, naturally I am asking indulgence for the unwilling shortcoming.

History.—This freak was born November 22, 1906, at midnight. The parents were Russian Jews; mother, a primipara, 17 years old, had been married nine months. During the first stage of labor the woman was attended by a midwife, who reported the following conditions: Normal cephalic presentation; left occipito-anterior position; delivery of head, shoulders and arms perfectly normal. When she attempted extraction of the remainder another arm presented itself. Thinking she was dealing with a twin, she pushed up the arm, and on investigation found that by passing her finger from shoulder to shoulder there was no division between, but one homogeneous mass. She immediately recognized the abnormality, of the case and notified the family, who summoned one or two physicians from the neighborhood. They made several attempts at forcible delivery, with no result other than that of lacerating the neck and thorax and fracturing the arms of the still alive and partially delivered fetus.

Examination.—Dr. Heibling and I were then called, and after a hasty examination and consultation we concluded that it was useless to attempt delivery by forcible extraction, as the traction only stretched the connecting portion of the two thoraces, thereby pulling the second fetus into a transverse position. Chloroform narcosis was pushed to deep surgical anesthesia and after considerable difficulty I was able to pass my hand up to the fundus and grasp a foot, so that with steady traction for a few minutes and gentle manipulation of the abdomen I succeeded in effecting podalic version and the delivery of the first fetus.

The hand was reintroduced, and grasping a foot of the second fetus I succeeded in again effecting podalic version and delivery. Both fetuses were dead. After the patient had regained consciousness the placenta was delivered, the patient was cleaned and examined for possible laceration, and, much to my surprise, none was found. She recovered from the immediate effects of the hard labor, but developed later a puerperal infection, a condition not to be surprised at, owing to the insanitary surroundings, the traumatism and the great amount of manipulation due to four physicians having made attempts at delivery. She lingered between life and death for three weeks, developing puerperal mania, but ultimately made a complete recovery.

Description of Monster.—This monstros-

*Read before the Obstetric Section of the St. Louis Medical Society, March 24, 1908.

ANTERIOR VIEW

POSTERIOR VIEW.

ity was one of the type known as thoracopagus, or union by the thorax (Fig 1). It had two heads, four arms, four legs, one thoracic and one abdominal cavity, one umbilical cord, attached to a very large placenta. Union of the fetuses was by a homogeneous mass, extending from the sternoclavicular articulation to the umbilicus, the connection being anterior and thus fusing the thoraces and abdomens into one. Their lengths were $16\frac{3}{4}$ inches each, aggregate weight, $15\frac{3}{4}$ pounds. Both were males, one showing more development than the other.

Every effort was made to obtain possession of the specimen for a careful post-mortem examination, but a Waterloo was encountered in the traditional mother-in-law, so we had to be contented with a superficial examination of the patient's residence. Dr. Helbing and myself proceeded to enlarge the existing laceration in the thorax and found a large pericardial sac containing two small hearts, two sets of lungs with separate pleurae, fusion of the thoraces by a cartilaginous union, and a large diaphragm separating the thorax from the abdominal cavity. The liver was large, and it seemed as though two livers were fused into one. The stomach, or probably two stomachs fused into one, and had two distinct esophageal orifices and two pyloruses; only one spleen was found, but this also probably represented a fusion of two. We were not allowed to follow down the intestinal tract, but it is to be presumed, since the two pyloruses were present, that probably two sets of intestines must have existed. As two distinct sets of external genital organs existed, it seems safe to assume that two bladders must have been present. If this was so, then two sets of ureters and kidneys must have existed.

The radiogram (Fig. 2) was made by the late Dr. A. V. L. Brokaw.

MECHANISM OF LABOR IN THESE CASES.

A comprehension of the mechanism of labor in case of double monstrosities is a matter of practical value. Early recognition of the existence of the condition is of paramount importance, and every means available should be brought into use in diagnosing such a condition before labor has well set in; but usually it is impossible to recognize it until labor has advanced to the expulsion of the first head, when the perplexing condition at last is realized. No one can imagine with what he is confronted until he actually encounters such a case.

There are cases recorded of deliveries of double monstrosities by Cesarean section. Dr. J. Leidy, Jr.,* in a very able article, reports such a delivery. Cesarean section may be warranted under certain conditions, for instance, in a well equipped hospital, when the patient is not depleted in strength by an exhausting labor, or when the abnormal condition is early recognized, or in a case of distocia pelvica; but in private practice and in well advanced labor it is impracticable. It remains, then, to attempt delivery through the normal route, and to do the best possible.

It is folly to lay down definite and precise rules for the delivery of double monsters, for every case must be a law to itself. A cool head and good judgment must be used. Surgical anesthesia is a necessity, and delivery should not be attempted without it. Surgical cleanliness is also peremptory. Rapidity of work is another requisite; dilatation of the cervix and perineum must be complete. As a rule, in these cases the condition is not recognized until the head of one of the fetuses and both arms are delivered, when, by gliding the finger from around one of the shoulders, the other shoulder, arm and neck of the fetus are encountered.

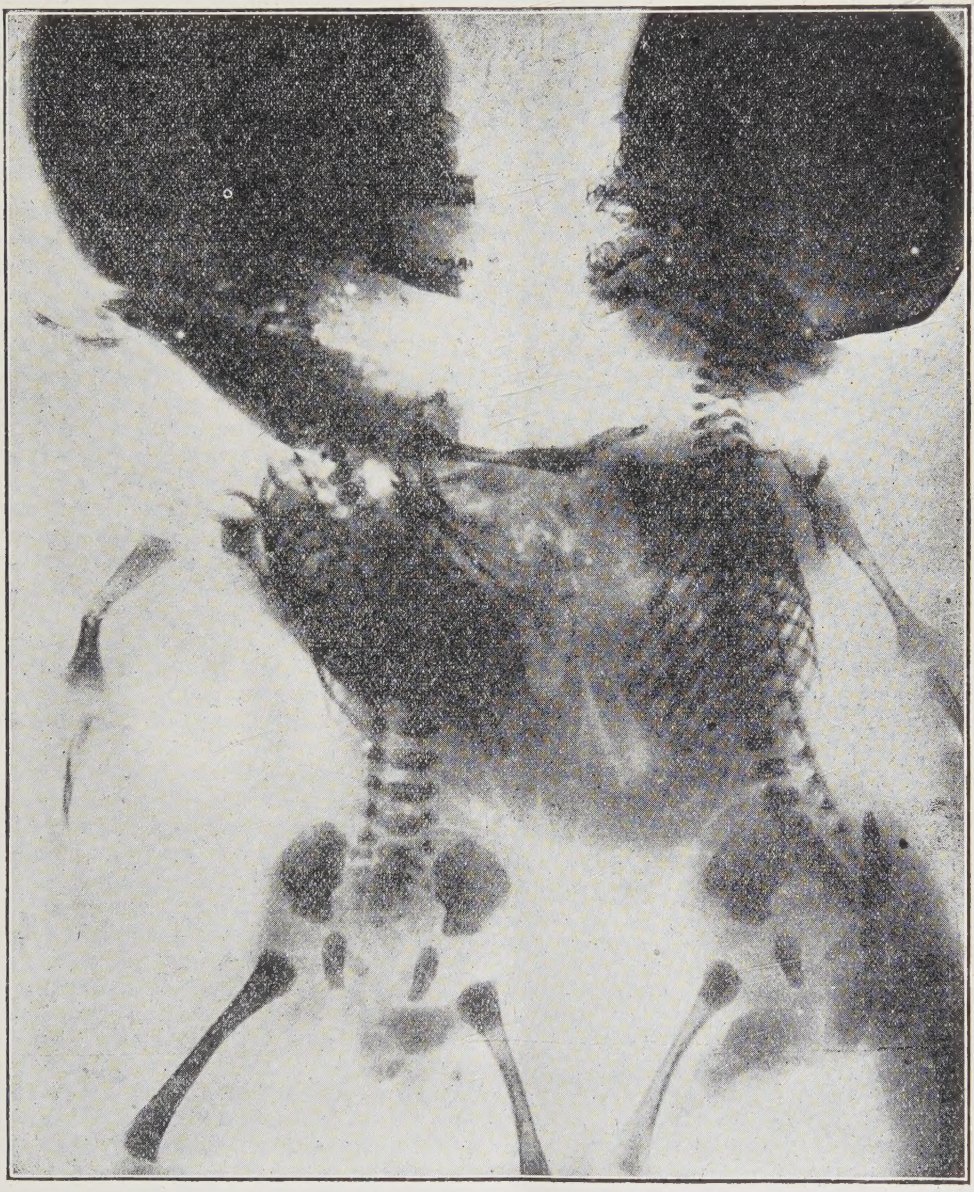
To attempt forcible delivery at this time is unwise, for extension of the head of the second fetus above the brim will result. If the hand can be passed up to the fundus to grasp the foot of the first fetus, podalic version should be tried. If this is successful, podalic version of the second foot will quickly terminate labor. In our case this procedure was tried, with a quick and satisfactory result. Partial decapitation of the first head may assist in the introduction of the hand to grasp a foot. Fortunately for us this was the condition in our case when we arrived, and to that we owe our success in podalic version and delivery.

THE CAUSE AND MODE OF PRODUCTION OF DOUBLE MONSTROSITY

has long engaged the attention of eminent investigators, but is still a moot question, able authorities on teratology differing widely as to its origin. The older observers contended that double monsters arise from the fusion of two separate and independent products of conception. This theory is now regarded as untenable, in view of the more modern researches. It seems to be generally accepted that both have their origin from one blastula of the yolk. It is still subject to dispute whether the blastodermic membrane presents two germinative areas, which later fuse more or less into one being or one germinative area which becomes more or less divided.

* Univ. Med. Mag., Phila., 1899, i, 57.

According to Müller, the different monstrosities, such as cephalopagus, thoracopagus, ischiopagus, etc., may take place in the cephalic median and caudal extremities of the embryo. Bertram C. A. Windle, formerly professor of anatomy in Mason's College, Birmingham, England, now president of Queen's College, Cork, in a very able article in the Journal of Anatomy, Normal and Pathological Physiology, Vol. XVIII, pages 25 to 45, 1893, reviews the different opinions held by observers and students of teratology, such as St. Hilaire, Panum, Krabe, Förster, Ahlfeld, Clelland, Fisher and others, and concludes that these all adhere to the fission theory, a division of the germ, a process of division in the material normally forming one organism; but of the causes and exact condition inducing the fission, he admits that we know nothing at all.



X-RAY VIEW.
(Notice temporary teeth.)

LITERATURE ON THE SUBJECT.

As stated in the beginning of this article, the literature on the subject of laterata

majora is very abundant, widely scattered, and written mostly in foreign languages; so that in order to get information one has to devote much time and patience to the perusal of the comprehensive yet volumnious works. We are indebted to Hirsch and Piersol for the magnificent work on human monstrosities, and these authors deserve great credit for thorough, concise, descriptions, elaborately illustrated with classifications and histories.

The cases of thoracopagus are by no means rare, judging from the number reported, though Peush, in collecting statistics of reports, found that in 100,000 births, 454 were simple malformations, 61 single monstrosities, and 2 double monstrosities.

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In addition to those, we find numerous contributions in the form of journal references and monographs by Sommering, Meckel, Saint Hilaire, Vrolik, Forster, Ahlfeld, Taruffi, Macdougall, Rasori, Lamb, Fraser, Calori, Wagner, Finkelstein, Pilcher, Johnston, Condamini, Fourdrinier, Walter, McLaurin, Leidy, Burke, Thompson, Patterson, Scott, and a number of others too numerous to mention.

THE uncultured mind revels in uncouth expressions. This is no less true in medicine than in ordinary speech.—A. ROSE.

FEED THE CHILDREN.—Newspapers and charitable institutions in all our large cities agree that there are hundreds and thousands of children who go to school unfed or ill-fed, to say nothing of those babies not included in the school census, and yet there seems to be a remarkable impotency in dealing with the question. To speak figuratively, we stand around sucking our thumbs like befogged imbeciles. As fast as some remedy is suggested, some one offers an objection, whereupon we forget the children and take up the pros and cons. If it is suggested to give them food, some one objects that that would pauperize them or that in this way children who did not deserve food might get it. For that matter, all children deserve food, whether their parent are intemperate and improvident or not. If it is suggested to provide for them out of the public treasury, some eminent attorney or legislator, as shrewd as he is heartless, objects that such a method is illegal. At other suggestions, so-called professional charity dispensers object that the suggestions are not scientifically formulated. Rot! It is strange that we, as a people, cannot attack a question directly, without beating around the bush, without ceremony and red-tape. A hungry child cannot wait until its case is carried up to the Supreme Court. A hungry child wants food and wants it quick. The thing to do is to get the food. Where shall we get it? Wherever it happens to be. How shall we pay for it? Never mind. We'll settle that later. We have all winter for that. That's the way they did it in San Francicso at the time of the earthquake. That's the way we did it when there was a famine in China. That's the way we do it after every big calamity or holocaust. The first thing we do on such occasions is to deliver the goods. The question of pay doesn't primarily enter. A well-fed child, however, is a good investment for the future. We can wait for the dividends.—Ellis O. Jones in January Lippincott's.

THE TREATMENT OF CANCER OF THE RECTUM.*

ROLLIN H. BARNES, M. D.

ST. LOUIS.

Editor of the Proctologist; Professor of Proctology, St. Louis College of Physicians and Surgeons.

If cancer of the rectum were as frequent as pneumonia or typhoid fever there is no doubt that the general practitioner would be better posted as to how to treat it. It is sufficiently frequent that all practitioners should know the general lines of treatment and be able to make a diagnosis before the disease has advanced beyond the period at which a cure is possible.

It is surprising how many physicians have the impression that cancer of the rectum is incurable and the only justifiable methods are palliative measures. They keep their diagnosis secret and go ahead treating the confident patient who does not know the character of his disease or that there is a possible chance of a cure. I do not believe that is this just or right. I believe that unless the disease is so far advanced that there is not the least possible chance of a cure that the patient should know the facts and have an opportunity to select the plan of treatment after listening to the clear facts and the possibilities of treatment. It *may be* possible, in a few cases, that the knowledge of these facts *might be* harmful and then the nearest relatives or friends should be consulted.

It hardly seems possible that there are physicians who advise against radical procedures in all cases of cancer of the rectum, and I desire to present the results of those who have had large experience in the radical treatment of cancer of the rectum.

The length of life of the patient with cancer of the rectum under palliative treatment is seldom more than a year. Cripps experience in seventy-one cases, after the patient was seen, was an average life of 7.8 months, where no operation was performed. These represent the cases left after the operative cases were selected. Colostomy, which is really a palliative measure, prolongs life a short time longer with no possibility of a cure and does little to relieve the suffering of the patient. When we place the average life, after colostomy, at two and onehalf years I believe we are placing it sufficiently long.

Some question that we are able to cure cancer of the rectum. Would we question a cure, in considering any other disease, if we were able to present cases who had been well for twenty years without recurrence? This we are able to do in a number of instances of cancer of the rectum. When we consider the age of cancer patients, twenty years is a long time to live after the operation.

From the experience of a number of operators we find the following percentages where excision of the rectum had been performed for cancer. Twenty per cent die at the time of operation. Eighty per cent of these deaths are a result of infection. This has been very much improved upon by several operators. Twenty per cent live three years after the operation without recurrence.

Harrison Cripps, of London, gives the following experience with cases in his private practice. Out of eighty-five excisions, four died from the operation, eighty-one recover. Of these eighty-one cases, six die from other causes without recurrence, in thirty-three cases the disease recurs, and at the time of his report thirty-six cases are alive without a recurrence, having lived as long as twenty-two years after the operation.

James P. Tuttle, of New York, reports from one hundred excisions of the rectum for cancer; thirteen deaths from the operation, and twenty-one recurrences. He reports patients who are living without recurrence: one, sixteen years and ten months; one, fifteen years and ten months; one, twelve years and ten months; one, eleven years and three months; one, eleven years and two months; one, ten years; one, nine years; three, eight years; four, seven years; and seven, five years.

Recurrence.—Recurrence takes place after excision, but we find few cases reported as living five years, after being seen, where palliative measures are used. One case is reported by Cripps, as living eight years after colostomy. Most recurrences take place within three years after operation, but Tuttle reports one after ten years. Tuttle reports twenty-one per cent of recurrences, Cripps forty per cent.

The Prolonging of Life.—It is not only a question of cure, but the prolonging of life and usefulness, which is the *great duty* of the physician. This is very important to many patients.

One of the first cases of cancer of the rectum I had in my own experience, came to me from a proctologist who had been treating the patient for more than a year, presumably by palliative measures. The patient realized that his end was near but had not the slightest idea as to the character of his illness. He had an obstruction, which was located in the sigmoid. He and his wife wanted to know if there was any

*Read before the Medical Association of the Southwest at Kansas City, October 20, 1908.

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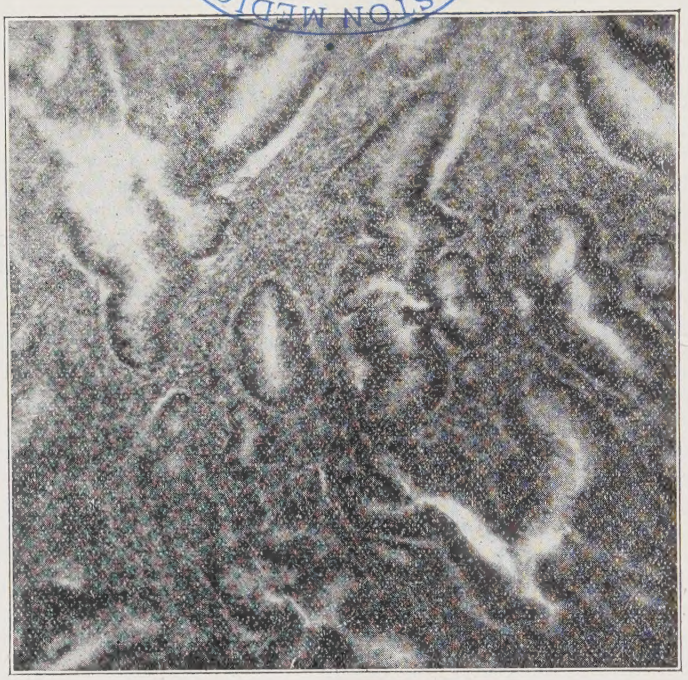

Micro-Photo of Tissue from Growth of the Rectum,
Case of Mr. G——. Dr. C. A. Vosburgh, Artist.

Micro-Photo of Tissue from the Inguinal Glands of
Case of Mr. G——. Dr. C. A. Vosburgh, Artist.

possibility of his life being lengthened a few months, so that he could be able to adjust his business matters that he would be able to leave something for his family. I advised that the only chance of prolonging his life was a colostomy. In making the colostomy we found the mesentery dotted with cancerous ulcers. The patient lived four months and was pleased that he was able to arrange his business satisfactorily.

We are unable to know what the results would have been, should an excision have been done one year previous. We can realize how important it was for this patient to know his condition, especially to those who were dependent upon him. The patient should have had the opportunity of deciding the method of treatment before it was too late.

The physician should make an effort to discover these cases sufficiently early that an attempt is justifiable for a cure. As soon as a diagnosis is made the patient should be informed of his condition and made to realize that delay is fatal if he hopes for a cure.

The question of the stage at which cancer becomes inoperable, is one that I do not believe we have settled. There are too many conditions dependent upon a conclusion. Different operators do not agree as to the time or conditions. It can not be worked out by rule. Experience teaches us to sum up the general conditions and draw our conclusions as to whether the case is operable.

Recently I have had a case that illustrates at what advanced stages we may get justifiable results. Mr. G. presented himself, aged 52 years; German; iron-moulder by trade, who never had a sick spell in his life, had markedly the cancerous cacheixa; had three months previously been operated on for hemorrhoids; had a cancerous growth involving the sphincters and the stricture was so small that it was impossible to examine above it either with the finger or proctoscope. The growth was movable. The inguinal glands were enlarged and the patient stated that he had done considerable lifting, in his time, and that he remembered these glands to have been enlarged for a number of years. I found a second growth at the beginning of the sigmoid and cancerous cells in the inguinal glands. Because of the extensive metastasis this case would have been regarded by many as an inoperable case. The patient has now lived thirteen months without a recurrence. His suffering since has at no time been as great as it was at the time of the operation. If the patient desires an operation I do not believe we should be too strict, as to our set rules, in refusing an operation.

Incontinence.—After excision a number have incontinence. There is a popular impresion that incontinence is worse than death. That depends upon what you value your life. I do not believe it is so terrible as death. Such impressions poison the public mind, and when the individual becomes so afflicted he magnifies his condition and it preys upon his mind causing the patient to become a neurotic.

Tuttle says, "Continence is comparative." He classifies his results as to continence as, "Perfect continence, thirty-one; good continence, twenty-six; partial incontinence, fifteen; complete incontinence, thirteen;." We expect comparative health after a severe illness, so we should not expect all to be perfect after cancer, and be glad that we have a few living.

Suffering.—One with cancer is sure to have more or less suffering. The question is how to obtain the least of it and live the longest. No one who has watched the suffering under palliative measures—the painful stools specially if the growth is near the anus, the offensive discharges, the hemorrhages, and the offensive odor that is sure to come whether colostomy is done or not—and compare it to the condition of the patient in which an excision has been performed; would hesitate in his own case as to which he preferred.

The Hope of a Cure.—When you doom your patient to death, all hope and ambition is gone and life is gloom. Excision gives a chance for a cure, no matter how little, and stimulates a hope of living which to us all is our ambition and makes life worth living.

The duty of the physician is to prolong life and reduce suffering. Negligence often means malpractice.

Metropolitan Building.

DISCUSSION.

Dr. J. G. Sheldon, Kansas City, Mo.—I feel that such an interesting and practical paper as this ought not to go by undiscussed, for the reason that carcinoma of the rectum and lower bowel is an important and serious thing. Personally, my experience has been limited to four radical operations, and three palliative operations. I have seen several other cases that other surgeons have operated on, and it would seem to me that we cannot tell, from the history of the case, or from examination, whether or not a radical operation should be done. It seems to me, the trap door flap method is a good one for medium size growths, that is, those not

located high up or very low, doing two complete operations, that is, by the combined method, going in above first, then from below. I feel inclined to recommend this more often than it is performed. We have been taught by anatomical investigations that we can cut off the inferior mesenteric artery and not get necrosis of the bowel. If we are to do this high operation and divide the mesentery sufficiently high to let the bowel be brought down to the anus, we should divide the bowel as high as we can bring it down; by that I mean, if we tie the mesentery and catch the inferior mesenteric artery higher up on the bowel we get a better circulation. After having divided the mesentery above the inferior mesenteric artery we find we have eighteen inches of bowel to suture; we should not leave the bowel lax, but cut off as much below as possible The higher up we go the better circulation is. After resection there is a much better chance of union. The mistake has been made, and I would have made it myself if my attention had not been called to it, by men doing the operation above to divide the bowel as low as possible and loosen up the mesentery, which will have a poor circulation below. That is an important point to be considered where the mesentery is divided and the gut brought to the surface.

In regard to inguinal gland involvement, the patient still being well thirteen months after operation, it illustrates another point, namely, we cannot tell from the appearance how far the case has advanced. Glandular enlargement does not mean carcinoma extension in every case. These glands may not have been carcinomatous, and it does not mean that we should not operate and refuse to do anything simply because there is regional involvement of the glands; neither is it necessary to do a primary operation and subject the patient to the combined removal of the carcinoma and glands. After the carcinoma has been removed, in many instances the condition in the gands will disappear. There are cases on record in which the inguinal glands have disappeared spontaneously after the operation, showing that it was not a carcinomatous metastasis at all, but a secondary infection.

Dr. Barnes (closing the discussion).—The object of my paper was not to go into details as to the method of procedure in operating on these cases, but simply to place before the association the possibilities of a cure in cases of cancer of the rectum. For the benefit of Dr. Sheldon, I will say that the microphotographs I sent around show there were cancer cells in the inguinal glands. There was also cancerous tissue in the second growth at the peritoneum, and because of the fact that we do not know the cause of cancer we are unable to tell before hand which cases are going to be followed by good results and those which are not. In fact, in many instances in which the metastasis is limited the results are not as favorable as in those in which there is a greater amount of metastasis. That is the position taken by Tuttle, of New York, who has done more operative work on the rectum for cancer than any man in this country, if not in any other country. When we come to what cases are operative and what cases are not operative, it cannot be settled by rule or by any method we know of, and for that reason I don't believe any surgeon or any man pretending to do surgery should refuse to operate upon a case of cancer of the rectum if the patient requests operative treatment, unless it is absolutely certain that the cancerous tissue cannot be removed As I said in my paper, the profession ought to put the treatment of cancer of the rectum to the patient to decide what plan of treatment should be resorted to. I thank you for your attention.

THE use of incorrect terms in medicine, when correct ones exist and can be known, is on a par with the use of slang in daily speech. Both betray a lack of refinement. — A. ROSE.

MONOGAMY AMONG ANIMALS.—"For ages the beasts have been groping for an ideal form of marriage," says Ernest Thompson Seton in the January Century in his story of "Domino Reynard of Goldur Town," the history of a noble silver fox with a definite purpose. "All the schemes of human reverts they have tried, and all found wanting but one. The only plan that has satisfied the highest requirements is pure monogamy. This is the wed-law of all the highest kinds. The love-time fever passes, but another bond remains. The love-fire of the foxes had paled a little with the wanting of the hunger-moon, but a more abiding sense had supervened, even as the sunset red on the hills may seem more generous fire than the soft red of the granite; but one is there a splendid moment, the other forever and evermore. Love and friendship men call them; and though the flickering red light blazed so bright at times, it was the pale rock red that grave its color to their lives. Domino and Snowy, ruff were not only mates, but were friends for life; for such is the way of the noblest beasts, such is the way of foxes."

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EDITORIAL

Patenting Surgical Devices.

We have several times expressed our conviction that there should be a change of attitude on the part of the general profession in the matter of opinion as to the propriety of patenting surgical devices. We have been unable to see that the man with mechanical skill and ingenuity who has devised a delicate and complicated instrument is doing any wrong in controlling the manufacture thereof and reaping some reward for the time and energy that he has expended thereon. The hypothetical case which we had in mind has materialized to the last dot. Had the catheterizing cystoscope been patented the disagreeable controversy of the past year would never have occurred and the rights of each claimant would have been determined, not by converting scientific gatherings into trial courts, but by the records of the Patent Office; the accused would have been spared the necessity of defending himself, or his defense would have been the simple matter of the record. But this is not all. Dr. Bransford Lewis did not patent his Universal Cystoscope; it is a complicated instrument and one which must be most carefully constructed and delicately adjusted; another manufacturer than the one who works in close touch with Dr. Lewis cannot make this instrument in an effective form; his product is a gross injustice to Dr. Lewis, for it does not give satisfactory results and creates a prejudice against all instruments bearing the name. It is not surprising that Dr. Lewis has risen in protest, not alone against the injustice to which he is at present subject, but to the principle which makes it possible. The following quoted from a letter from Dr. Lewis, published in the Journal of the A. M. A. of January 23, is worthy of thoughtful reading:

"In developing an intricate instrument of this sort (cystoscope), in determining the harmonious adjustment of its several part, the construction and setting of its lenses, provision for irrigation, ureter-catheterization, etc., it is needless to say that numerous conferences, reviews, and criticisms must be exchanged between the designer and the maker before a practical, serviceable and satisfactory product can be evolved; and it is obviously impracticable for such conferences to be carried on with several different instrument makers at the same time.

"It is necessary, therefore, that one capable and conscientious maker be selected to manufacture and sell the instrument to the advantage of all parties concerned; the author of the device, on whom credit or blame must fall, according to the merit of the product; the physician or surgeon who buys and uses it—with success or failure, for the same reason; the patient on whom it is used, with benefit or injury; and finally, the legitimate manufacturer himself, who is necessarily subjected to the expenditure of much time and money, preliminary to the completion of untried plans and designs. Deviation from such a course can only bring injury, disappointment and distrust to all concerned, with one exception, the interloping, unauthorized imitator or maker of the device. Him alone does it seem to benefit, and his profit must needs be short-lived, at best.

"The profession itself in its individual membership must be the greatest sufferer from interloping of this kind, and yet it makes practically no provision to protect itself." * * * * * * * * * * * *

"In addition to the specific interdiction of the Principles of Medical Ethics (Chap. II, Art. I, Sec. 8), there is widespread and deeplying sentiment against the patenting of surgical instruments by a member of the profession. It is hardly deemed proper for him to receive monetary compensation for his talent or his pains. The product of these, in the shape of a surgical instrument or device, he must bestow freely and without reservation for the benefit of humanity."

"And yet experience does not prove that the patenting of devices redounds to the injury of humanity, or that their non-patenting promotes humanity's interests. It is a well-established fact that the patenting of a device permits and actually leads to the cheapening of its sale price and without lowering its standard of excellence—the vastly greater number made insuring better workmanship, better materials and better output, justified by the greater commercial field, that are awaiting it.

"In my opinion, from whatever standpoint

we view it, the same conclusion must be reached: Failure to furnish some means of control and protection for its members by the profession brings about consequences injurious alike to the originator of an instrument, to its legitimate manufacturer, to the member of the profession who buys it, to the member who makes use of it, and to the patient on whom it is to be used, i. e., humanity. The only one who reaps the benefit of such insecure and unreasonable conditions is one deserving no such consideration at our hands, the irregular and not over-scrupulous maker who rushes into the field, makes and sells imitations of an instrument before its maturing and completion, even by its author; modifies it, "improves" it according to his own ideas; uses the author's name if he likes, or if better suited to commercial purposes he discards that name and applies either his own or some other in alliance with him—all in total disregard of the author's directions, protests, wishes or interests. These are as nothing compared to the interests of commercialism."

The Nickelodeon.

The magazines of the country have recently devoted a considerable amount of space to the discussion of the 5 and 10-cent moving picture shows, "nickelodeons," and much has been said of the effect they have on the receptive youthful mind. Long articles are written describing the workings of this modern amusement enterprise, and many are the editorial comments thereon. Some see an awful menace to civilization and law enforcement in the warlike stories and tales of crime these places picture. Others object to certain pictures as irreligious and lacking in reverence, they see impending evil of most hideous character in pictures which appear, to more tolerant observers, to be perfectly harmless; these people object to every form of amusement seeing dangers in any form, they have a standard of morality which they purpose that others shall attain to even, though they find it impossible for themselves.

One of the large weekly magazines in commenting on the attitude of the upper strata of society toward the amusements of those of lower cast, recently said that the only real trouble with the "nickeldeons" was improper ventilation. That certainly is one worth consideration from health departments.

From a medical standpoint the effect of vivid portrayals of fantastic happenings, catastrophies and crimes upon the youthful mind is one of interest. We all know how strongly realistic these subjects are set forth, and what an intense impression they make, sometimes even upon adults. The insidious effect upon childish spectators is in many instances bad. The impressions are more lasting than many think and the ultimate effects not easily perceived. Yet quite often the pictures shown are educational in a high degree and accomplish much good. We, of course, cannot say how much of actual crime is traceable to the moving picture shows, but we believe their influence cannot be entirely bad. Children should not be allowed to indiscriminately patronize this style of entertainment, though we really believe when one comes right down to a common sense view of the subject he will admit that good predominates here as almost everywhere else.

A doctor recently dropped into one of these shows and, while seated waiting for the performance to begin, his attention was drawn to a youth who entered and took a seat near him. There was an unmistakable appearance of feeble-mindedness on the youth's countenance, though he wore working apparel and evidently was employed in some occupation that brought him in contact with his fellow-men. The study of that young man's expression as a picture was flashed upon the canvass showing a criminal at work as interesting in the extreme. His eyes bulged, his mouth worked convulsively, at times his nervous restlessness would cause him to half rise from his seat in a very ecstasy of emotion. He was evidently greatly moved by the vivid scenes and with difficulty regained his composure. Here the doctor saw a menace that was a real one. The effect upon that immature being was anything but wholesome. Crime might easily follow one of his visits to a show of that kind.

We are indeed interested in the effect of these things upon the human mind and cannot too soon point out what evil there may be. But no matter how much we protest against our children and our weak-minded citizens patronizing this form of amusement they will continue to seek their pleasure as they see fit. The only real solution it seems would be by legislative restriction of the character of pictures that may be made. Here some good might be accomplished, and we need not interfere further in a business that affords so much of real pleasure to the masses and at so moderate a cost. L. A. C.

Subscribe for the MEDICAL FORTNIGHTLY.

ST. LOUIS ITEMS.

DR. W. C. OWEN has removed his office to 353 Century Building.

DR. GUTHRIE MCCONNELL announces the removal of his office to 3634 Washington Avenue.

DR. MEYER WIENER has been made chief of the editorial staff of the Medical Review. We believe that this means good things for the Review.

DR. R. L. GLEASON, of St. Louis, has resigned from the staff of the City Hospital and accepted an appointment in the Indian service in Oklahoma.

A JOINT session of the Surgical and Urologic section of the St. Louis Medical Society is to be held on February 27; the speaker of the evening is to be Dr. Louis E. Schmidt, of Chicago, who has chosen for his subject "Vesical Symptoms Due to Diseases External to the Bladder." Medical and surgical aspects of the subject will be considered.

CENTENNIAL OF DR. GEO. ENGELMANN.—Local scientific circles celebrated the centennial of the birth of Dr. Geo. Engelmann on February 2d. In his day Dr. Engelmann was easily one of the best known of American scientists, and was one of St. Louis' most honored residents. Though a phyiscian it was his work in botany which brought his recognition on both sides of the Atlantic.

A MODEST SURGEON AND A DISCREET ONE.—The announcement in the Globe-Democrat that a certain unnamed surgeon of this city of removing renal calculi with safety, certainty and celerity without anesthesia other than that applied directly to the kidney has awakened in the profession a profound desire to know who this wonder worker is. The quarter page devoted to him is sufficient to make it certain that he will gladly remain incog for the present.

DR. P. C. CLAYBERG died at his home on St. Vincent Ave., on the evening of December 31st, after a brief illness. Dr. Clayberg, though a regular graduate, was also a graduate of the Eclectic school, had been for some years identified with it, and was considered one of its foremost adherents in this city. He was a man of wide influence and he exerted it always for the betterment of mankind. As a teacher, in his professional relations and in his social relations he was a man who commanded the deepest respect of all who knew him. His death is a great loss to the medical profession and to the city.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

OBSTETRICS AND GYNECOLOGY.

E. S. MCKEE, M. D.

A True Hemaphrodite.—Dr. Henry P. DeForest reported the following very interesting case to the New York Academy of Medicine. The patient was 24 years of age, having been born in Philadelphia. Until grown she had been reared as a woman; had menstruated regularly, and in both dress and manner of life and appearance in evening costume was generally regarded as a young woman of rather prepossessing appearance. There was no growth of hair on the face or elsewhere on the body except on the pubes and axilla. She lived in a boarding house in Philadelphia, where there were a number of boarders, by whom there was never any doubt as to the question of her sex. Among the other guests of the house was a man of 50 and his daughter of 18 years. This man seduced the patient and in time she became pregnant and was delivered of a child. In the meantime the daughter became a close friend of the patient, and they frequently shared each others apartments. The masculine side of the patient asserted itself. She seduced the daughter of her seducer, who became pregnant and was in time delivered of a child. This was too fast for the slow town of Philadelphia, and the three were obliged to leave the boarding house, which they did together. The doctor showed photographs of the patient. The upper part of the body was that of a well-developed woman. The hair was long and the contour of the face, although somewhat masculine in type, still is smooth and suggests a woman rather than a man. The breasts are large and well developed. The pelvis and hips are narrow and the external genitalia are evidently, upon superficial inspection, those of a man. The penis is well developed and the testicles are both present and of large size. Another photograph shows on raising the penis and supporting the divided scrotum the presence of a vagina. On view of the fact that menstruation occurred regularly and that impregnation took place there is no doubt but that a uterus existed and that one or both ovaries were present and functionating. It is to be hoped that the subsequent history of the patient may be recorded and published. Dr. DeForest's report, which was before the Gynecological section of the Academy, may be found published in full

the American Journal of Obstetrics., Sept., 1908, p. 486.

Criminal Abortion at Fifty-one.—Blair reports to the Obstetrical Society of Vienna the following case of interest to the gynecologist and the medico-legalist. A woman of 51 came under his care suffering from a foul discharge from the uterus. She had endured six normal labors, the last occurring thirteen years before the present illness. The history was that the patient's menstruation had been regular until eight months previous when it had ceased for five months, at the end of which period sharp hemorrhage had set in and had not ceased; later becoming mixed with a dirty colored fetid discharge. She denied positively that she had been recently pregnant. She was weak and anemic with a soft, enlarged and quite movable uterus, and a purulent discharge issuing from the os externum. Cancer uteri with pyometra was diagnosed and the doctor operated at once, performing vaginal hysterectomy, objecting to dilate and curette as the uterine cavity was in so septic condition. During the operation the uterus which had thinned greatly ruptured, just as is sometimes the case in cancer of the uterus. The adjacent parts were quite normal, and the operation was completed with ease. The patient made an uncomplicated recovery. The uterus was laid open and the doctor, to his surprise, found a piece of gauze in the uterine cavity. The upper end of this strip lay in a space the size of a walnut situated in the wall of the uterus close to the left cornu, under the seat of the rupture. The outer lining was the seat of this rupture, which had not been lacerated by the abortionist. The patient during convalescence confessed to the truth. Three months before she had requested a doctor to scrape out her uterus, which he had done. She insisted, however, that she had not known that he had inserted the strip of gauze. The simulation of menopause symptoms and of malignant disease of the uterus, the first quite to be expected, the second always probably in a woman of this age, are very interesting features of the case. Abortion is now such an every-day occurrence that it is very common to find sounds, dilators and forceps or other instruments pushed through the uterus by bungling operators. Cases have been reported where even intestines have been pulled through into the uterus by clumsy operators.

Hypertrophy of the Clitoris and Hermaphroditism.—Broca reports a little girl brought to him by her mother who said the girl had bad habits. He found a hypertrophied clitoris. He found that the meatus opened normally being quite separate from the uterus clitoris, and that the hymen, labia and vagina were normal. The mother gave the history that the patient at seven year had tied a thread around the hypertrophied organ as male children sometimes do around the penis, resulting in edema and little superficial sloughing. A doctor was called who cut the thread. The clitoris was large peniform, having a well-developed prepuce. He removed it without difficulty. He could not guarantee the sex of the patient. Possibly it was an instance of male pseudo-hermaphroditism with crypt-orchism. Broca recalled a case which he had reported a year previously. The patient had a double inguinal hernia, and was to all outward appearances a female. The clitoris, hymen and vagina were normal. He performed a radical cure of both ruptures. Each sac contained a gland which on microscopical examination proved to be a true testicle. Broca's article may be found in Annales de Gynecologie et de' Obstetrique.

A Satisfactory Nipple Clamp.—Many mothers as well as their attendants are distressed by dribbling of the milk from the nipples. It is advantageous to restrain this so that the child may have the wasted milk which it often needs, the mother may not be annoyed by this irritating her nipples and soiling her clothing. A very satisfactory nipple clamp to prevent this dribbling of milk between nursing times is recommended by Lennhoff in Med. Klinik. It is so thin that its weight is not noticeable, nor is its presence underneath the clothing perceivable, measuring but 7 by 4 cm. Experience has shown that no bad or disagreeable results accrue from its use either to the nipple itself, or to the milk secretion. The pressure can be so delicately regulated. The clamp is not worn continuously but only when dribbling of milk is expected. It is found that a child which on account of this dribbling of milk appears unsatisfied after the application of the clamp appears satisfied and quiet. If, as in some instances, the clamp tends to slip off the nipple it may be covered with a thin piece of rubber tubing. This simple affair seems to promise to be of much benefit.

Prompt, Painless Parturition in a Primipara.—Dr. Ernest G. Coward, of Huddersfield, England, who seems badly named, reports the following case: A young woman aet. 20, sent for me just after midnight on New Years morning. The husband on arriving, said that I was wanted at once as the child was already born. As the patient lived two miles away and it meant a trudge through the deep snow, I asked him why he

had deferred sending for me so long. The husband, a very young man, said "he knew nothing about it. The women folks had told him to come." After a heavy trudge through the snow and frosty air arrived about an hour and a half after the child had been born, and found the placenta undelivered. On lecturing the girl for her tardiness in sending for me her mother told the following story: The girl and her husband retired to rest shortly after 10 and both fell a sleep. Shortly after 11 she told her husband she felt she must go to the closet, and a few minutes later dressed and walked across the yard to it. Her husband stated that within five minutes of her leaving she was back again, saying, Harry, the baby is in the closet," and sure enough it was. In dropping a distance of six feet the cord was snapped and the baby landed on its back amongst the excreta. The mother held the candle while the father went down and fished the child out. The broken cord hung between the mother's legs, and as luck would have it the sudden snap low like must have twisted the blood vessels, for there was no hemorrhage from either mother or child. The child was small and healthy. A second child was born in bed, very rapidly and painlessly about twenty months later.

THERAPEUTICS.

C. W. HEPBURN, M. D.

Comparative Irritative Properties of Some Mercury Combinations Used as Antiseptics.—Dr. George B. Lawson has made a study of the relative irritant effect on the skin of various combinations of mercury salts and reports the results of eighteen experiments in Surgery, Gynecology and Obstetrics for December, 1908. His method of experimentation was as follows: Similar parts of the body, the ankles, were made surgically clean. Then on the right ankle was put a cotton compress of a certain size into which was soaked a definite quantity of a definite solution of bichloride of mercury in distilled water. On the left ankle was put exactly the same preparation in regard to size of compress and amount of solution, except that there was added a chemical whose action it was desired to study. Over these compresses were put rubber protective, cotton, and bandages. The compresses and solutions were replaced at intervals sufficiently frequent that the skin was always kept damp with the solution. The skin was observed at various times, and as soon as a noticeable inflammation was produced, the compresses were removed from one ankle, while those on the other were kept on sufficiently long as to produce a similar inflammation. The solutions applied to the left ankle were: Bichloride and tartaric acid; bichloride in 1 per cent salt solution; bichlorid and citric acid; mercuric iodide and potassium iodide; mercuric bromide and potassium bromide. His conclusions were that: 1. Mercuric chloride is more irritant to the skin when combined in solution with acids. 2. Mercuric bromide and iodide are more irritant to the skin than mercuric chloride. 3. Mercuric chloride is slightly less irritant to the skin when in solution in normal saline than when in distilled water. It will be noted that in applying wet antiseptic dressings, the water tends to evaporate at the edges, thus causing more concentrated solutions at those points, which brings about a local inflammation, and that where antiseptic solution is applied repeatedly to dressings, the evaporation of water will presently bring about a very strong antiseptic solution in the dressing.

Therapeutic Exercises.—In American Medicine for November, 1908, Dr. Henry W. Frauenthal urges the profession to add therapeutic exercises to mechanical and medical treatment for the prevention or cure of disease and the correction of deformities. He emphasizes the importance of breathing exercises, for all the mechanical functions of the body are naturally benefited by it. In the deformities, where corrective exercises are indicated, special groups of muscles can be developed. Exercising should be done individually and not in classes. The patient should work before a mirror, concentrate the mind on the physical effort, and what is to be accomplished. In breathing, the patient should take deep inhalation, and in exhaling, expel as much air as possible without holding the breath, and never continuing until he feels exhausted or faint. He should stop at once if the muscles exercised develop a tremor. The following cases, of a number cited, illustrate results obtained by this method of treatment: Mr. A. consulted the author in July, 1905. A previous fatal prognosis had been made. Had history of cardiac disease, with mitral murmur and progressive loss of compensation. Pulse varied from 150 to 160, with usual distressing symptoms. He was given daily instructions in breathing exercises. At first he was obliged to rest every few minutes. After six months he was able to work for twenty minutes with his heart not beating faster than 80 or 86. His general condition has remained good for the past five years. He still retains his mitral murmur, but his heart continues to compensate. A

Miss D., who was originally sent to a sanitarium and returned home to die. Patient's family were told she was in the third stage of consumption. On author's advice a nurse was employed to give her a course in breathing. Patient was placed on white of egg and diluted cream and light diet. After one year her physician regarded her as practically cured. She has remained well for two years.

External Uses of Magnesium Sulphate.—Having had his attention directed to the use of Epsom salts as an external application by a paper from the pen of Dr. Henry Tucker, of the Philadelphia General Hospital, who reported having obtained most excellent results in treating orchitis by wrapping the scrotum in a saturated solution of this salt, Dr. John S. Harrison (Virginia Medical Semi-Monthly, Dec. 25, 1908) by way of experiment, began using it in other forms of inflammation. He found it had a wide range of usefulness. He used it, first in orchitis, after Dr. Tucker's suggestion, then in erysipelas, ivy poison, "dew poison," superficial burns, and in acute articular rheumatism when the salicylates were not well borne. In all cases its application was followed by uniformly good results. The method of application is practically the same as that of any other moist dressing, varying in some minor details, of course, with the nature of the particular case. Either a layer of from fifteen to twenty thicknesses of gauze, or a thin layer of absorbent cotton, neatly bandaged, covers the entire inflamed area, and is kept continuously wet with a saturated solution of the salt. This is covered with oiled silk, or waxed paper. In order to insure the dressing being kept continuously moist, more of the solution should be added from time to time. These dressings are allowed to remain intact from twelve to twenty-four hours, and then only removed to be re-applied immediately after examining the part until the temperature has been reduced to normal and all signs of inflammation have disappeared. It is best, too, not to wash the parts during the application of the solution. And in every instance it is necessary to obtain absolute rest for the inflamed part.

Bismuth Paste in the Treatment of Rectal Fistula.—In the Lancet-Clinic for Dec. 26, 1908, Dr. J. Rawson Pennington reports having treated seventeen cases with bismuth paste. In most of these the fistulae were located in the posterior anal quadrant, and apparently were not very extensive. All of them, however, communicated with the rectum. Some cases were treated once and others twice a week. The treatment in some cases extended over a period of six weeks, while others seemed to be cured in from two to three weeks. The apparent results were eminently satisfactory. Four of the cases in which, for one reason or another, the treatment was not completed, were placed on an uncured list, but in the remaining thirteen the discharge ceased and they seemed to be well. This gave $76\frac{8}{17}$ per cent as cured. This percentage, however, the author thought too high, because, at the time of writing, sufficient time had not elapsed for it to be accepted as entirely conclusive. The paste consists of bismuth subnitrate one part and vaseline two parts. When a stiffer paste is desired, from 5 to 10 per cent each of white wax and soft paraffin are added. The technic is as follows: The patient's bowels, when it can be conveniently done, are emptied before the injection is made. This removes any pressure that might be in the rectum, and also extends the time for the first act of defecation after treatment. After the patient is prepared the paste is sterilized and the syringe loaded. All air is expelled, and as soon as cooled to a temperature that will not irritate, the point of the syringe is pressed well into the main opening of the fistula, if more than one exists, and the emulsion slowly injected. Should there be an internal opening, or communication with the bowel, the finger of the hand not manipulating the syringe is passed into the rectum, and made to close that opening to prevent the paste's entering the bowel, and to aid in forcing it into all the diverticuli and tortuous tracts. The same precaution is taken when there is more than one external communicating opening. The syringe is not removed as soon as the tracts seem to be filled, but it is held firmly in position with slight continuous pressure on the piston. The finger is also retained in the rectum until the material has hardened, when it and the syringe are removed. A piece of gauze and T-bandage completes the operation.

THE Indiana Medical Journal will merge with the Central States Medical Monitor in February under the name of The Indianapolis Medical Journal. Dr. S. E. Earp will continue as editor, and Dr. A. W. Brayton, formerly of the Indiana Medical Journal, will be a member of the edtiorial force. The Monitor has had an enviable record for eleven years and the same may be said of the Indiana Medical Journal for a period of eighteen years, part of which time it was the only medical journal in Indiana.

PRACTICAL FORMULAS.

A. C. F. BROWN, M. D

INFLUENZA (Febrile Form).—
℞ Quininae sulph.....
Ext. cinchonae.....aa 3ss
Ext. aconite rad..... gr. iss
M. Ft. div. pil. No. xx. Sig.: One t.i.d.

INFLUENZA (with pulmonary catarrh).—
℞ Pulvis ipecac comp..... 3ss
Pulvis scillae 3ss
Quininae sulph..... 3ss
M. Ft. pil. div. No. xx. Sig.: Four to five daily.

INFLUENZA (Diaphoretic).—
℞ Pilocarpine hydrochlorate... gr. ss
Morphinae sulphatis..... gr. ss
Aqua..... ℥iij
M. Sig.: ℥i every fifteen minutes.

PHTHISIS (diarrhea in).—
℞ Ext. opii..... gr. iss
Syr. auranti..... ℥v
Infus. columbar, q.s.ad..... ℥v
M. Sig.: Tablespoonful every two hours.

PHTHISIS (night sweats in).—
℞ Zinci oxidi..... gr. iiiss
Ext. belladon..... gr. ⅛
Ext. hyoscam..... gr. iiss
M. Ft. pil. No. x. Sig.: One pill every two hours.

STOMATITIS (Ulcerative).—
℞ Potass. chloras..... ℥iv
Tinct. ferri perchlor..... ℥iv
Glycerini ..... ℥i
Aqua destill ..... ℥xii
M. Sig.: Tablespoonful in water four times daily.

℞ Tinct. myrrh.....
Tinct. kramaria.....
Tinct. cinchonae.....
Tinct. catechu.....aa ℥iv
Eau de cologne..... ℥i
M. Sig.: ℥ii in wine glass of water used as mouth wash.

SALIVATION (Mercurial).—
℞ Boracis..... ℥iii
Tr. myrrh ..... ℥iv
Mellis..... ℥iv
Aqua rosae..... ℥viii
M. Sig.: Use as a gargle.

LUMBAGO.—
℞ Sodii salicylat.....℥ss
Potassii iodidi.....℥ij
Syr. sarsaparillae comp.....℥iss
Aq., q.s.....℥ij
M. Sig. A teaspoonful in water after meals.—Cohen, Med. Rev.

POETRY

IN MEMORY OF FATHER AND MOTHER.

Two lovers pledged on England's soil
Determined by youth's free devotion,
To choose a land for freedom's toil
Beyond the blue and restless ocean.

With happy hearts and willing hands
They journeyed o'er the watery main,
For love and hope, ambition plans,
For wider fields and greater aim.

Their's was the life of herds and field
Midst woods and streams and flowers;
It was a harvest of richest yield,
With sunshine and rain, with joys and sorrows.

Two lovers walked in noonday life
While children grew by slow degrees
To fill the mind with hopeful strife,
And played about their knees.

Two lovers sat as lovers still,
Through 50 years of wedded scenes,
While thoughts of absent children fill
The silent chalice of their dreams.

In coffins side by side these lovers lie,
The sweetest friends of my childhood days,
Under the churchyard's quiet sky,
They fill my memory with sweetest lays.

Father and mother, green be the sod above thee,
Treasured keeper of my baby, boyhood days;
I know thee but to love thee,
And shall name thee but to praise.

—BYRON ROBINSON.

"OLD KAINTUCK."

OTTO JUETTNER, Cincinnati.

Know ye the land of honest hearts,
Of friendship pure and true,
Of hills and dales and mighty caves,
The land of grass so blue?
There is no place on God's green earth,
Wherever you may roam,
That cheers the heart as fondly as
The Old Kentucky Home.

Know ye the land where maidens fair,
With face and form divine,
Make men believe that women are
Nowhere on earth so fine?
I've lost my heart,—how often, I
Do really not recall,—
On maidens bred in Old Kaintuck;—
God bless them, one and all!

Know ye the land so full of cheer
And full of Colonels bold,
The land where every gentleman
Loves Bourbon fine and old?
When one is sick, when one is well,
The medicine to choose,
To make him well, to keep him well,
Is Old Kentucky booze.

Know ye the land of blooded stock,
As fine as can be found;—
The home of many a noble steed
For blood and speed renowned?
Fine were the winners of the race
In the days of ancient Rome;
But finest is the stock bred in
The Old Kentucky Home.

Know ye the land of brain and brawn,
Of knowledge and of skill,
Of men whose deeds the annals of
Our grand profession fill?
MacDowell, greatest of them all,
A man of brains and pluck,
He is the type of doctors found
Right here in Old Kaintuck.

I'll raise my glass and toast the State
Of horses that are fine,
Of liquid happiness, and girls,
Of face and form divine.
But most of all I'll drink to you
For health, success, good luck,
The noblest product of your State,
The Doctors of Kaintuck!

MEDICAL MISCELLANY

THE French government has conferred the decoration of the Legion of Honor on Carlos J. Finlay, Havana, Cuba, as a token of appreciation for his discoveries in regard to the transmission of infection by mosquitos.

MME. CURIE, the widow of Professor Curie and with him joint discoverer of radium, has been appointed Chief Professor of Physics in the Faculty of Sciences of the University of Paris. Mme. Curie succeeded her husband in the professorship which he held in the faculty before his death.

THE New York Charities Directory for 1909 states that there are 226 hospital in that city; of these 58 are general hospitals. The oldest hospital is the New York Hospital, incorporated in 1776. The directory calls attention to the lack of hospital accommodations for advanced cases of tuberculosis.

JEWISH club women of Chicago have succeeded in securing the gift of a 17-acre tract at Winfield, Ill., on which they will soon open the Winfield Tuberculosis Sanitarium. On this tract there is a modern building of 36 rooms which has been renovated and fitted with ample space for outdoor sleeping quarters.

CARNEGIE'S GENEROUS GIFT.—A few days ago, David Jayne Hill, American Ambassador to Germany, paid to the Seaman's Bank the sum of 600,000 marks. This money was a donation from Andrew Carnegie's to the Robert Koch Institute for the investigation of Tuberculosis. At the same time Mr. Hill handed the institute a letter expressing thanks for having been made an honorary member of the institute.

ANTIVIVISECTION BILL.—Senator George A. Davis has introduced a new antivivisection bill into the New York legislature which has been referred to the judiciary committee. This bill requires certificates issued under the authority of a college, hospital or incorporated laboratory, or under the authority of the State Commissioner of Health, or a board of health, and in a building registered with the State Health Commissioner. The substance known as curare is not to be considered a general anesthetic. Vivisection experiments may be ordered by a court when considered necessary for purposes of justice.

TYPHOID EPIDEMIC IN MONTREAL.—Every hospital in Montreal is taxed to its utmost capacity owing to the outbreak of typhoid in that city, some of the hospitals having to open new wings in order to accommodate the typhoid patients. The incidence of the outbreak occurred immediately after Christmas; probably the Montreal turkey or plum pudding was infected. It is estimated that throughout the city generally there are between 800 and 1,000 cases of the disease. The Medico-Chirurgical Society has taken a hand in the matter and has joined with the French Medical Society and the Engineering Society in bringing the question of Montreal's water supply prominently before the city council and the citizens.

ACNE.—The most rational treatment of facial acne should be based upon the following two principles: First, to allay the congestion of the skin as far as possible; second, to remove all causes which give rise to the hyperemia of the face. To obtain these results, both external and internal remedies may be used. The direct care of the skin demands the principal attention. Every morning and evening the face should be washed with a fine sponge. The temperature of the water should be as high as the patient can possibly bear it. After washing, the skin should not be dried. Such a washing renders the skin extremely hyperemic. As soon as the water begins to evaporate from the face, the superficial blood vessels become contracted, and gradually regain their lost tone. In many cases this simple treatment will be all that is needed, and a speedy recovery will follow.

PREPARING THE HANDS BEFORE SURGERY.—In Germany the usual method for surgeons to clean their hands is that of Fürbringer. It consists in brushing the hands and nails with soap and hot water, then dipping them in an 80 per cent alcohol solution, and finally washing with a two per cent sublimate of mercury, each part of this proceeding to last one minute. Recently Reinecke, of Leipzic, has asserted that a sure disinfection of the hands may be obtained by rubbing them with alcohol only, and washing afterwards with pure sterilized water. The alcohol owes its power to its action in dissolving the sebaceous substance on the surface of the skin, and enabling the bacteria which adhere to it to be easily washed away. Instead of brushes, which are difficult to clean and which irritate the hands, he recommends loofah brushes. Another reformer in this matter is Dr. Schliech, who rejects all brushing, and only washes the hands with a soap invented by himself, which consists of domestic soap (one part), marble powder (three parts), and lysol (four per cent. of the whole). This soap is said to clean less by chemical than by mechanical means, the fine marble powder penetrating into all the folds of the skin, and rubbing away all dirt and detritus.—Health

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GLYCO-THYMOLINE.

Description.—Glyco-Thymoline is a deep claret colored fluid with the taste and odor of thymol and eucalyptol.

Formula.—This preparation contains benzo-salicylate of soda, methyl salicylate from betula lenta, eucalyptol, thymol, pini pumilionis, glycerine and solvents. The alcoholic contents is 4 per cent.

Action.—A solution composed of glyco-thymoline one part, water three parts approximates the alkalinity and salinity of the human blood, thus harmonizing with the secretions of tissues treated. When applied slightly warmed to the mucous membranes of the noses and throat it is soothing, solvent, mildly antiseptic, exosmotic and anesthestic. It promotes aseptic conditions and favors the restoration of normal functions of the mucous membrane. Internally glyco-thymoline is antacid, carminative, and antifermentative.

Uses.—This preparation is recommended in the treatment of all catarrhal disease of the mucous membrane, particularly of the upper respiratory, utero-vaginal and rectal tracts, as a solvent, soothing, antiseptic and alkaline wash. Internally it has been successfully employed to overcome gastric hyperacidity, gastro-intestinal fermentation summer diarrhea of infants, etc. In obstetrical and gynecologic practice it has also proven useful. Its mild, non-irritating properties will suggest its use whenever and wherever an alkaline antiseptic solution is desired. In dentistry it has also been extensively employed.

Dosage: Externally — glyco-thymoline may be used in solutions ranging from 10 per cent to full strength. Internally—It may be used as indicated.

Special Consideration.—The selection and quality of the ingredients, the methods employed in their combination, the formula itself and the constant unvarying uniformity of the finished product.

Manufacturers.—The Kress & Owen Co., New York City.

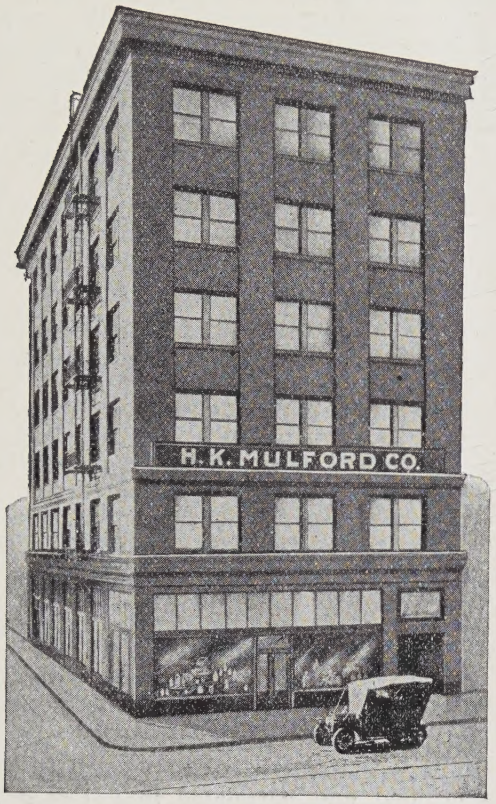
* American Medicine. (Bibliography omitted to save space.)

RENEW YOUR SUBSCRIPTION.—According to a recent ruling of the Post-office Department, no one is to be considered a subscriber to this magazine unless he shall sign a subscription blank, authorizing the publishers to continue same to his address. As we do not wish to send the FORTNIGHTLY to anyone not desiring same, we must again request that all subscribers wishing the journal, should fill out the blank found in this issue and return by early mail.

TREATMENT OF PHTHISIS IN 1805.—No doubt many suppose that exercise as well as outdoor and tent life in the treatment of phthisis is quite new. I will quote from one of the ablest American physicians, Benj. Rush, "Medical Inquiries and Observations, Vol. I, 1805," the following: "There is no virtue in change of climate, but in exercises in the open air. A change of climate has often been prescribed for the cure of consumption, but I do not recollect an instance of its having succeeded, except where it has been accompanied by exercise."—FRAUENTHAL.

MEDICAL MEMORANDA.

SAN FRANCISCO BRANCH HOUSE OF THE H. K. MULFORD COMPANY. —To meet the increasing demand from this section of the country and to enable the pharmacist and physician to have a supply close at hand of their pharmaceutical and biological products, the H. K. Mulford Company has opened a branch house at Second and Natoma streets, San Francisco, California. Realizing the professional responsibility of the manufacturing chemist to the pharmacist, physician and the patient, the H. K. Mulford Company spare no effort to insure the character, quality and accuracy of their pharmaceutical and biological products. That their policy in this respect has been the right one is shown by the cordial reception of their products by the medical and the pharmaceutical professions. In no section of the country has the awakened interest in ethical prescribing and manufacturing been greater than on the Pacific Coast. This San Francisco house gives the druggists of the Pacific Coast and territory tributary thereto an opportunity of obtaining the Mulford pharmaceutical and biological products with their regular drug orders through their jobber, or enables direct shipments to be made, saving delay that would otherwise attend shipments from the home office. With branch houses established in Chicago, New York, St. Louis and Minneapolis, and the recent opening of the San Francisco house, the distribution of the products of the Mulford laboratories throughout the United States is assured. While the reputation of the firm has been secured principally from their antitoxins, curative sera, vaccines and biological products, during the past five years the house has been making rapid strides in developing a general pharmaceutical business. They are one of the leading houses in the manufacture of chemically-assayed and physiologically-standardized pharmaceuticals and the extent of their line of manufactured products can best be appreciated by examining their general catalogue. It is the fixed policy of the firm to conduct its business on ethical lines and while the products of their house have never been known as low-priced, an inspection of their catalogue will show that when quality is considered full value is given. The Mulford Company anticipate the harmacopoeial requirements. The Pharmacopeia requires the chemical standardization of 8 preparations; the Mulford Company chemically assays and standardizes 160 preparations, physiologically tests 47 and bacteriologically or clinically tests 21. It therefore stands to reason that when you specify Mulford's on your orders you obtain a different class of products from those furnished by houses that do not take the same amount of care in standardization. As the question of standardization is one that affects



the health of a community and the reputation of pharmacists and physicians, there can be no doubt as to the importance of specifying the class of products that should be employed.

INTERNATIONAL MEDICAL CONGRESS.—Plans have been perfected for the American party to attend the International Medical Congress at Budapest next August. The arrangements for transportation are in the hands of Thomas Cook & Son, and this insures first class accommodations, and satisfaction in all details. Rooms have been reserved at the best hotel in Budapest, but it will be necessary for us to know approximately the number who will attend at an early date in order that the reservations may be augmented if necessary. A very low round trip rate will be announced, including all expenses, and the undersigned be pleased to answer any inquiries in regard to the trip to the Congress, and will send program and itinerary to any who are interested. Communications in regard to transportation and hotel accommodations should be addressed to Dr. Chas. Wood Fassett, St. Joseph, Mo.

CALCIDIN NOT ONLY FOR CROUP.—The fact that Calx Iodata (calcidin, Abbott) is about the most generally useful of all the remedies suggested for disorders of the respiratory tract, is becoming more apparent as time passes. "Calcidin for "croup" has been a species of "catch phrase" and many practicians perfectly familiar with the marvelous efficacy of the preparation in this disease looked further afield (and with poor success) for an efficient remedy for bronchial and pulmonary congestions. Somewhat slowly, but very surely the value of calcidin in all the infections or inflammations of the upper respiratory tract is being acknowledged by doctors throughout the country. Bronchitis, laryngitis, tonsillitis, etc., all are speedily controlled by the proper use of Calx Iodata with other indicated adjuvant remedies. Children take calcidin easily and it may be given either dry on the tongue, in solution or in capsule or tablet form. The Abbott Alkaloidal Co., Ravenswood, Chicago, will cheerfully send samples with very full and instructive literature upon request. If you haven't tried calcidin, do so now.

FUNCTIONAL NEUROTIC DISORDERS.—The various vital functions of the organism are so intimately associated and correlated that it is impossible to definitely attribute any chronic nervous illness to disease or derangement of but one of the great bodily systems, i. e., circulatory, respiratory, digestive, lymphatic or nervous. The many neurotic conditions which the physician is so frequently called upon to treat cannot be successfully attacked by confining treatment to the nervous system exclusively, any more than can the cutaneous affections—acne, eczema or urticaria, be permanently relieved by lotions, washes and unguents alone. Neurasthenia, nervous "break-down," nervous prostration," brain-fag" and allied states are usually but neurotic manifestations of some constitutional metabolic fault, which must be sought out and remedied if intelligent therapy is to be applied. Among the various pathologic conditions which oppose the relief of neural disorders, anemia, whether primary or secondary, is always worthy of therapeutic attention. Unless the blood supply is relatively normal in both quantity and integrity, its oxygen-carrying capacity is "below par" and, consequently, metabolic exchange and interchange is embarrassed and the necessary improvement in bodily nutrition is difficult of accomplishment. Pepto-Mangan (Gude) stimulates and encourages oxygenation and nutrition, by furnishing the more or less impoverished blood with an immediately appropriable form of its vtal metallic elements, iron and manganese. The vital stimulus thus imparted is often the one thing needful to initiate the substantial systemic "building up" process which must precede the desired recovery from neurotic disorders.